

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

The Niki Tsongas Committee

**A.**

Full Name (Last, First, Middle Initial)

Childer for Congress

Mailing Address PO BOX 177

City BOONEVILLE State MS Zip Code 38829

Purpose of Disbursement  
contribution - general

Candidate Name  
Travis W Childer

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: D215929

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
contribution

Candidate Name  
Democratic Congressional Campaign Committee

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D217243

Date of Disbursement

06 / 24 / 2008

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

JOE GARCIA FOR CONGRESS

Mailing Address 12930 SW 128 STREET SUITE 102

City MIAMI State FL Zip Code 33186

Purpose of Disbursement  
contribution

Candidate Name  
Joe Garcia

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 25

Transaction ID: D217349

Date of Disbursement

06 / 26 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....